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**Testimony of Kevin Lembo, State Healthcare Advocate  
Before the Human Services Committee, Connecticut General Assembly  
In Support of HB 6146, HB 6152 and HB 6402  
February 17, 2009**

Good morning Representative Walker, Senator Doyle, Representative Gibbons, Senator Kane and members of the Human Services Committee. For the record, I am Kevin Lembo, the State Healthcare Advocate. My office is an independent state agency with a three-fold mission: assuring managed care consumers have access to medically necessary healthcare; educating consumers about their rights and responsibilities under health insurance plans; and, informing you of problems consumers are facing in accessing care and proposing solutions to those problems.

OHA supports proposed HB 6146, AN ACT CONCERNING ELIGIBILITY LIMITS FOR MEDICARE SAVINGS PROGRAMS. This is the right bill at the right time. It is a helpful solution for seniors and disabled people which would make more ConnPACE members eligible for the Medicare Savings Programs and Medicare Part D Low Income Subsidies by raising the income level below which consumers can qualify. The bill allows people to qualify for substantial assistance in these very tough times and permits the state to shift most of these costs to the federal government.

- First, by qualifying for the Medicare savings program, the Medicare Part B premiums for eligible individuals would be subsidized by the federal government, saving consumers approximately \$1200.00 in out-of-pocket costs;
- Second, qualification for the low-income Medicare subsidy provides consumers access to the Medicare Part D program, which saves the state money by replacing state ConnPACE dollars with federal Medicare reimbursement.
- Third, access to the Part D program should allow most consumers to save money—an estimated \$1000--in the form of lower co-payments on prescriptions -- from the current \$16.25 ConnPACE co-payment to as little as \$2.25 per prescription.

Estimates suggest that this is essentially a break-even proposition for Connecticut. In this circumstance, when offering economic relief to seniors and the disabled comes at no or little risk to the state, this is a win-win piece of legislation. I urge your passage of this bill.

OHA supports HB 6152, AN ACT ENHANCING THE UTILIZATION AND EFFECTIVENESS OF FEDERALLY QUALIFIED HEALTH CENTERS LOCATED IN THIS STATE. It makes perfect sense to educate people and encourage of the availability of high quality healthcare at our federally qualified health centers. Facilitating the coordination between the FQHCs and private providers is essential to ensuring that a full range of care is available to all, especially those without access to health insurance.

We support HB 6402, AN ACT CONCERNING MAXIMIZATION OF MEDICAID REIMBURSEMENT FOR THE STATE OF CONNECTICUT AND FEDERAL MEDICAL ASSISTANCE PERCENTAGES (FMAP). It is critical that we take opportunities to maximize federal revenue when it is consistent with our program goals. HB 6402 requires the Commissioner of Social Services, in consultation with the Secretary of the Office of Policy and Management, to study and report on ways for the state to maximize federal matching funds.

While it is critical for DSS and OPM to promptly study ways to maximize federal revenue, there are certainly ways right now to maximize federal revenue. Examples include wrapping SAGA into a Medicaid waiver without compromising Medicaid beneficiary coverage, allowing parental coverage under SCHIP and ensuring that family planning medical expenses, where possible, are covered at the match rate of 90/10.

We do not believe that current law precludes the immediate receipt of a higher than our typical 50% federal matching assistance percentage (FMAP). Concerns about this issue arise from legislation from the 2003 special session that we helped write to prohibit the administration, at that time, from applying for a certain type of waiver that would have limited overall expenditures in the Medicaid program.

We have received higher than 50% FMAP since that law was passed. The FMAP is set by the federal government. The feds can increase the match in federal law, but we cannot. (The FMAP was in fact increased by 6.2 % in the stimulus package, which will provide a significant amount of additional funding.) It is unclear from HB 6402's language whether this committee seeks to lower the state's contribution toward FMAP, effectively increasing our FMAP. We cannot lower our contribution toward Medicaid expenditures unless the federal government changes our contribution rate. In any event, our laws do not prevent us from receiving the increased FMAP included in the final stimulus package from Washington.

Finding methods to maximize is a different story, and it does require the involvement of OPM and DSS. They hold the key data. That said, a study on revenue maximization would be performed best by including outside entities to ensure an objective look at the program.

Thank you for your attention to my comments. Please contact me or Vicki Veltri, our general counsel at 297-3982 or [Victoria.veltri@ct.gov](mailto:Victoria.veltri@ct.gov) with any questions about my testimony.